

# **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

**Draft 6/9/03**

## **SUBSTANCE ABUSE SERVICES**

### **Behavioral Health Prevention Education Services**

**Level 0.5 Early Intervention ASAM Patient Placement Criteria.  
Not Medicaid Billable**

#### **Service Definition and Required Components**

Behavioral Health Prevention Education Services are designed to prevent or delay the first use of substances or to reduce or eliminate the use of substances. This service is provided in a group modality and is intended to meet the substance abuse prevention and/or early intervention needs of participants with identified risk factors for substance abuse problems (Selective) and/or with identified early problems related to substance use (Indicated). Participants in Behavioral Health Prevention Education Services have identified risk factors or show emerging signs of use and the potential for substance abuse. The most typical program has a provider working directly with participants or parents (in a group setting) in a wide variety of settings including naturally occurring settings (school or community, etc.) on reducing known risk factors and/or enhancing protective factors that occur in that setting. Services are designed to explore and address the individual's behaviors or risk factors that appear to be related to substance use and to assist the individual in recognizing the harmful consequences of substance use. This service includes education and training of caregivers and others who have a legitimate role in addressing the risk factors identified in the service plan. This service includes, but is not limited to children of substance abuser groups, education services for youth, parenting/family management services, peer leader/helper programs, and small group sessions. This service is preventative in nature and is not intended for individuals who have been determined to have a diagnosable substance abuse or mental health disorder which requires treatment. Behavioral Health Prevention Education Services may be reimbursed up to 2 hours and 45 minutes per day. This service is time-limited based on the duration of the curriculum-based program used. A provider is required to utilize an evidenced-based program in one of three nationally approved categories: Promising Programs, Effective Programs, and Model Programs.

#### **Provider Requirement and Supervision**

Behavioral Health Prevention Education Services (BHPES) is a professional level service provided by individuals who meet qualifications requiring that:

1) The individual meets the qualifications of a Qualified Substance Abuse Professional (QSAP) or an Associate Professional in substance abuse according to 10 NCAC 14V within the requirements of this rule;

*OR*

2) The individual, within the mental health, developmental disabilities, and substance abuse (mh/dd/sas) system of care, is:

- (i) a graduate of a college or university with a Masters degree in a related human service field and has one year of full-time, post-graduate degree accumulated supervised experience in the delivery of substance abuse prevention services; or
- (ii) a graduate of a college or university with a bachelor's degree in a related human service field and has two years of full-time, post-bachelor's degree accumulated supervised experience in the delivery of substance abuse prevention services; or
- (iii) a graduate of a college or university with a bachelor's degree in a field not related to human services and has four years of full-time, post-bachelor's degree accumulated supervised experience in the delivery of substance abuse prevention services; or
- (iv) A substance abuse prevention professional who is certified as a Certified Substance Abuse Prevention Consultant (CSAPC) by the North Carolina Substance Abuse Professional Certification Board;

**OR**

3) The individual prior to April 1, 2003 provided substance abuse primary prevention services that were previously billed as HRI, CBI, or CBS.

Supervision is provided according to supervision requirements specified in 10 NCAC 14V and according to licensure/certification requirements of the appropriate discipline.

In addition, the substance abuse professional providing these services to children and adolescents and their families should be knowledgeable about the biopsychosocial dimensions of substance abuse and dependence; knowledgeable about adolescent development; experienced working with and engaging adolescents; able to recognize mental health concerns and substance-related disorders; skilled in alcohol and other drug education, motivational counseling, and brief intervention techniques; aware of the legal and personal consequences of inappropriate substance use, and skilled in the delivery of an evidence-based substance abuse selective or indicated prevention program

**Service Type/ Setting**

This service is delivered in a group context consisting of participants and/or their caregivers. This is a prevention service which targets individuals at-risk of substance use or showing early signs of substance use. This service is not intended for individuals in need of treatment services. The intent of this service is not to take the place of periodic treatment, day/night, or 24-hour services. This service is not billable to Medicaid.

The staff-to-child/family ratio should be no fewer than one provider for every 10 or fewer enrolled children or adolescents in attendance.

The maximum group size is no more than 20 enrolled children or adolescents (to be served by no fewer than 2 providers).

This service is provided in the school or any other community setting in which risk and protective factors have been assessed or identified.

Facility licensed under 10 NCAC 14V Section .4200

### **Entrance Criteria**

There is an ICD-9 diagnosis of V65.42 (Counseling on substance use and abuse) and sufficient assessment has been performed to screen for, and rule out, substance-related or mental health diagnoses.

**And,**

Individuals meet the criteria for Level 0.5 Early Intervention in the appropriate ASAM Patient Placement Criteria.

**And,**

The individual meets the eligibility criteria for inclusion in one of the following target population groups:

a) Selective Prevention - the individual is deemed to be at-risk for substance abuse by virtue of their membership in a particular population segment (e.g., children of adult alcoholics, dropouts, or students who are failing academically). Risk groups may be identified on the basis of a variety of risk factors as defined in the Integrated Payment and Reporting System (IPRS), and shown to be associated with substance abuse. These risk factors are identified on the IPRS Population Category Definition sheet for Child Substance Abuse Selective Prevention (CSSP).

b) Indicated Prevention - the individual is identified on the basis of one or more risk factors, and is showing early signs of problems, and has begun to use tobacco, alcohol, and/or other drugs. The individual exhibits substance use behavior that puts them at risk for substance abuse or dependence. Risk factors are defined in the Integrated Payment and Reporting System (IPRS), and shown to be associated with substance abuse. These risk factors are identified on the IPRS Population Category Definition sheet for Child Substance Abuse Indicated Prevention (CSIP).

### **Service Order Requirement**

This service must be ordered by the area program's/LME's Substance Abuse Prevention Program Director according to *10 NCAC 14V* or by a Certified Substance Abuse Prevention Consultant (CSAPC) who holds a current certification from the North Carolina Substance Abuse Professional Certification Board prior to the beginning of the service.

### **Utilization Review Criteria**

The participant has not successfully completed the various components of the prevention program model. The desired knowledge, attitudes, and/or behaviors have not been attained over the timeframe outlined in the participant's service plan.

### **Continued Stay Criteria**

Continued stay criteria are not applicable to the Behavioral Health Prevention Education Service since this is a short-term, time-limited service where the individual is discharged upon successful completion of the prescribed series. It is not the intent of this service for participants to extend their stay in the program after the completion of the program module. Re-admission to this service requires a new risk profile to determine an appropriate program assignment.

## **Discharge Criteria**

The individual has successfully completed the program module including the administration of pre- and post-test outcome measures.

**Or**

The individual shows signs of a diagnosable substance abuse or mental health condition at a clinical level which requires referral for active treatment.

## **Expected Outcomes**

The expected outcome is to prevent or delay the first use of substances or to reduce or eliminate the use of substances.

## **Documentation Requirements**

The service record shall follow the requirements set forth in the Substance Abuse Services Record for Child and Adolescent Selective and Indicated Prevention Services\* as it pertains to the assessment, service plan and service provision. (\*To be included in the 2003 Revision of the Service Records Manual).

The assessment of the participant shall include documentation of the findings on a child or adolescent risk profile that identifies one or more designated risk factors for substance abuse, and shall include documentation of individual risk factor(s), history of substance use, if any, a description of the child's or adolescent's current substance use patterns, if any, and attitudes towards use. Documentation shall include other relevant histories and mental status that is sufficient to rule out other conditions suggesting the need for further assessment and/or treatment for a substance abuse or dependence diagnosis and/or a co-occurring psychiatric diagnosis.

The Plan shall be based on an identification of the child's, adolescent's, and/or family's problems, needs, and risk factors, with recognition of the strengths, supports, and protective factors. The Plan shall match the child or adolescent risk profile with appropriate evidence-based Selective or Indicated Substance Abuse Prevention goals that address the child's or adolescent's and/or family's knowledge, skills, attitudes, intentions, and/or behaviors. The plan shall be signed by the participant and the parent/guardian, as appropriate, prior to the delivery of services.

Following the delivery of each service, the minimal standard for documentation in the service record shall be a Service Grid which includes:

- a) identification of the evidence-based program being implemented;
- b) full date and duration of the service that was provided;
- c) listing of the individual child or adolescent and/or his or her family members that were in attendance;
- d) identification of the curriculum module delivered;
- e) identification of the module goal;
- f) identification of the activity description of the module delivered; and
- g) initials of the staff member providing the service which shall correspond to a signature with credentials identified on the signature log section of the Service Grid.

In addition to the above, notation of significant findings or changes in the status of the child or adolescent that pertain to the appropriateness of provision of services at the current level of care and/or the need for referral for other services shall be documented

### **Service Exclusions/Limitations**

Appropriate Service Codes				
<b>Medicaid</b>	<b>IPRS</b>	<b>Pioneer</b>	<b>UCR-WM (CTSP)</b>	<b>UCR-TS (MR/MI)</b>
Not Billable	<b>H0025</b>	N/A	N/A	N/A

### **OUTPATIENT OPIOID TREATMENT**

#### **OMT Opioid Maintenance Therapy**

See 10 NCAC Section .3600

Include Buprenorphine in the formulary

### **BRIEF SUBSTANCE ABUSE INTERVENTION**

#### **Level I Outpatient Services ASAM Patient Placement Criteria**

**Medicaid Billable when intervention occurs as part of a physician visit (99201-99215)**

#### **Service Definition and Required Components**

Brief short-term intervention services are those services that seek to detect alcohol and/or other drug problems and addiction and to intervene in such a way as to arrest the progression of such problems. The services occur prior to a referral for structured treatment and occur in a variety of settings including outpatient as well as primary care settings. Brief interventions services are short in duration lasting between a minimum of one and maximum of five visits. The goal of the brief intervention service is to intervene in the recipient's use of alcohol and/or other drug use and minimize the associated problems. Effective interventions will result in referrals for in-depth SA Diagnostic/Assessments. Brief intervention services are covered under the Basic Benefit package. These interventions typically occur in EAP services, physicians and health care offices, and urine testing programs, student assistance programs. This service is delivered to a non-client and needs to result in referral to a screening and assessment service.

### **Provider Requirements**

Any licensed, degreed, or certified professional whose area of expertise includes SA practice that is enrolled as a provider under the Basic Benefit package.

### **Staffing Requirements**

NA

### **Service Type/Setting**

This service can be delivered in any setting

### **Program Requirements**

NA

### **Utilization Management**

LME Referral for Basic Benefits

### **Entrance Criteria**

NA

### **Continued Stay Criteria**

NA

### **Discharge Criteria**

Referral for MH/SA Diagnostic/Assessment

### **Expected Outcomes**

The expected outcome is successful identification and intervention in the recipient's use of alcohol and/or other drug use and minimization of the effects of such use.

### **Documentation Requirements**

Documentation of intervention provided is necessary. Records need to meet basic demographic billing requirements.

### **Service Exclusions/Limitations**

Can only be billed prior to an individual receiving MH/SA Diagnostic/Assessment or Extended Benefit Substance Abuse services

Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
99201-99215	TBD	NA	NA	NA

## **DIAGNOSTIC ASSESSMENT**

See MH/SA Diagnostic/Assessment service

## **CRISIS MANAGEMENT**

See MH/SA Crisis Management service

## **COMMUNITY SUPPORT – ADULT**

See MH/SA Community Support – Adult

## **COMMUNITY SUPPORT –CHILD**

See MH/SA Community Support – Child

## **SUBSTANCE ABUSE INTENSIVE OUTPATIENT PROGRAM**

### **Level II.1 Intensive Outpatient Services ASAM Patient Placement Criteria Medicaid Billable**

#### **Service Definition and Required Components**

SA Intensive Outpatient Program (SAIOP) means structured individual and group addiction activities and services for adults and adolescents that are provided at an outpatient program. The program is offered at least 3 hours per day at least three (3) days per week with no more than two consecutive days between offered services, and distinguishes between those individuals needing between no more than 19 hours per week of structured services per week (ASAM Level II.1) and those needing 20 hours or more of structured services per week (ASAM Level II.5 or III.1) in order to begin recovery and learn skills for recovery maintenance. The program may offer services a minimum of only three (3) hours per day for only three (3) days per week with no more than two consecutive days between offered services if only persons at ASAM Level II.1 are served. SAIOP services shall include, but are not limited to, the following services: 1) Individual counseling and support; 2) Group counseling and support; 3) Family counseling, training or support; 4) Regular urine drug screening; 5) Strategies for relapse prevention to include community and social support systems in treatment; 6)

Facilitated Peer Support; 7) Life skills; 8) Relapse prevention; 9) Crisis contingency planning; 10) Random Urine Screens; 11) Psychoeducation 12) Treatment support activities that have been adapted or specifically designed for persons with physical disabilities, or persons with co-occurring disorders of mental illness and substance abuse/dependence or mental retardation/developmental disability and substance abuse/dependence. SAIOP can be designed for homogenous groups of recipients e.g., women, and women and their children; individuals with co-occurring MH/SA disorders; individuals with HIV; or individuals with similar cognitive levels of functioning. SAIOP may be offered with or without on-site childcare services and transportation for gender specific women's groups. Group counseling shall be provided each day SAIOP services are offered. Consumers may be residents of their own home, a substitute home, or a group care setting, however the SAIOP must be provided in a setting separate from the consumer's residence. The program is provided over a period of several weeks or months.

### **Provider Requirements**

SAIOP must be delivered by practitioners employed by a substance abuse provider organization which meets standards established by the Division of MH/DD/SAS. These standards set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by either being certified by Local Management Entity or being accredited by a national accrediting body. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business in the State of North Carolina.

### **Staffing Requirements**

Persons who meet the requirements specified for CCS, CCAS, CSAC, and Counselor Interns under Article 5C may deliver SAIOP. The program must be under the clinical supervision of a CCS or a CCAS who is on site a minimum of 50% of the hours the service is in operation. Services may also be provided by staff who meet the requirements specified for Qualified Professional or Associate Professional in Substance Abuse status according to 10 NCAC, under the supervision of a CCS. Paraprofessional level providers who meet the requirements for Paraprofessional status according to 10 NCAC 14V may deliver SAIOP, under the supervision of a CCS. SA Peer Specialists may deliver SAIOP when registered with the North Carolina Substance Abuse Professional Certification Board and under the supervision of a CCS .

### **Service Type/Setting**

Facility licensed under 10 NCAC 14V Section .3700

### **Program Requirements**



See service definition

### **Utilization Management**

SAIOP Service must be included in an individual's Person Centered Plan. Initial authorization for services will not exceed 90 days.

### **Entrance Criteria**

The recipient is eligible for this service when:

- A      There is an Axis I substance abuse disorder present;
- AND
- B      Level of Care Criteria, level II.1 NC Modified A/ASAM

### **Continued Stay Criteria**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A. Recipient has achieved initial service plan goals and additional goals are indicated.
- B. Recipient is making satisfactory progress toward meeting goals.
- C. Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
- D. Recipient is not making progress; the service plan must be modified to identify more effective interventions.
- E. Recipient is regressing; the service plan must be modified to identify more effective interventions.

### **Expected Outcomes**

The expected outcome of SAIOP is abstinence from substances.

### **Documentation Requirements**

Minimum standard is a daily full service note to each day of SAIOP that includes the purpose of the day's activities and interventions, the amount of time the recipient spent participating in program activities, and documenting the effectiveness of the interventions.

### **Service Exclusions/Limitations**

SAIOP cannot be billed on the same day as SACOT Program, Detoxification, Residential Treatment Services (Medical and non-Medical) except NMCRT licensed under 10 NCAC 14V Section .4100, and Inpatient Hospital Service.

### **Appropriate Service Codes**

Appropriate Service Codes				
<b>Medicaid</b>	<b>IPRS</b>	<b>Pioneer</b>	<b>UCR-WM (CTSP)</b>	<b>UCR-TS (MR/MI)</b>
<b>TBD</b>	<b>TBD</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>

## **SA COMPREHENSIVE OUTPATIENT TREATMENT PROGRAM**

### **Level II.5 Partial Hospitalization ASAM Patient Placement Criteria Medicaid Billable**

#### **Service Definition and Required Components**

SA Comprehensive Outpatient Treatment (SACOT) Program means a periodic service that is time limited, multi-faceted approach treatment service for persons who require structure and support to achieve and sustain recovery. SACOT Program is a service emphasizing reduction in use and abuse of substances and/or continued abstinence, the negative consequences of substance abuse, development of social support network and necessary lifestyle changes, educational skills, vocational skills leading to work activity by reducing substance abuse as a barrier to employment, social and interpersonal skills, improved family functioning, the understanding of addictive disease, and the continued commitment to a recovery and maintenance program. These services are provided during day and evening hours to enable individuals to maintain residence in their community, continue to work or go to school, and to be a part of their family life. The following types of services are included in the SACOT Program: 1) Individual counseling and support; 2) Group counseling and support; 3) Family counseling, training or support; 4) Regular urine drug screening; 5) Strategies for relapse prevention to include community and social support systems in treatment; 6) Facilitated Peer Support; 7) Life skills; 8) Relapse prevention; 9) Crisis contingency planning; 10) Random Urine Screens; 11) Psychoeducation 12) Treatment support activities that have been adapted or specifically designed for persons with physical disabilities, or persons with co-occurring disorders of mental illness and substance abuse/dependence or mental retardation/developmental disability and substance abuse/dependence. SACOT Programs can be designed for homogenous groups of recipients e.g., individuals being detoxed on an outpatient basis; individuals with chronic relapse issues; women, and women and their children; individuals with co-occurring MH/SA disorders; individuals with HIV; or individuals with similar cognitive levels of functioning. SACOT may be offered with or without on-

site childcare services and transportation for gender specific women's groups. Consumers may be residents of their own home, a substitute home, or a group care setting; however the SACOT Program must be provided in a setting separate from the consumer's residence.

This service must operate at least 20 hours per week and offer a minimum of 4 hours of scheduled services per day, with availability at least 5 days per week with no more than two consecutive days without services available. Group counseling services must be offered each day the program operates. Services must be available during both day and evening hours. A SACOT Program may have variable lengths of stay and reduce each individual's frequency of attendance as recovery becomes established and the individual can resume more and more usual life obligations. The program conducts random drug screening and uses the results of these tests for marking participants' progress toward goals and for service planning.

### **Provider Requirements**

SACOT Program must be delivered by practitioners employed by a substance abuse provider organization which meets standards established by the Division of MH/DD/SAS. These standards set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by either being certified by Local Management Entity or being accredited by a national accrediting body. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business in the State of North Carolina.

### **Staffing Requirements**

Persons who meet the requirements specified for CCS, CCAS, CSAC, and Counselor Interns under Article 5C may deliver SACOT Program. The program must be under the clinical supervision of a CCAS or CCS who is on site a minimum of 50% of the hours the service is in operation. Services may also be provided by staff who meet the requirements specified for Qualified Professional or Associate Professional in Substance Abuse status according to 10 NCAC, under the supervision of a CCS. Paraprofessional level providers who meet the requirements for Paraprofessional status according to 10 NCAC 14V may deliver SACOT Program, under the supervision of CCAS or CCS. SA Peer Specialists may deliver SACOT Program under the supervision of a CCS provided they are currently listed as a Registrant with the North Carolina Substance Abuse Professional Certification Board.

### **Service Type/Setting**

Facility licensed in accordance with 10 NCAC 14V .3701- .3703.

### **Program Requirements**

**See service definition**

### **Utilization Management**

Services must be included in an individual's Person Centered Plan. Initial authorization of services will not exceed a 45-day period.

### **Entrance Criteria**

The recipient is eligible for this service when:

- A      There is an Axis I Substance Abuse diagnosis.
- AND
- B      Level of Care Criteria Level II.5 NC Modified A/ASAM

### **Continued Stay Criteria**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

1. Recipient has achieved initial service plan goals and additional goals are indicated.
2. Recipient is making satisfactory progress toward meeting goals.
3. Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
4. Recipient is not making progress; the service plan must be modified to identify more effective interventions.
5. Recipient is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted every 45 days and is so documented in the Person Centered Plan and the service record.

### **Expected Outcomes**

Abstinence from substances is the expected outcome. For individuals with co-occurring MH/SA disorders, improved functioning is the expected outcome.

### **Documentation Requirements**

Minimum standard is a daily full service note to each day of SACOT that includes the purpose of the day's activities and interventions, the amount of time the recipient spent participating in program activities, and documenting the effectiveness of the interventions.

### **Service Exclusions/Limitations**

SACOT cannot be billed on the same day as Intensive Outpatient Program, all Detoxification levels, Residential Treatment Services (Medical and non-Medical) except NMCRT licensed under 10 NCAC 14V Section .4100, and Inpatient Hospital Service.

### **Appropriate Service Codes**

Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
TBD	TBD	NA	NA	NA

## **RESIDENTIAL SA TREATMENT/SUPPORTS**

The Enhanced Benefit package includes a variety of residential treatment and support options.

### **TRANSITIONAL INDEPENDENT HOUSING**

#### **Level 111.05 Transitional Independent Housing NC Modified ASAM Patient**

##### **Placement Criteria**

##### **Not Medicaid Billable**

(Examples include Oxford House and Host Homes)

### **Service Definition and Required Components**

Apartments or host homes supported with Community Support service, or staffed apartments

### **Provider Requirements**

Stable recovering home environments that can provide daily supports potentially including meals, drug free support and transportation when necessary.

## **Staffing Requirements TBD**

### **Service Type/Setting**

There are two types of services within this category;  
Independent apartments with a potential on-site manager/staff or host homes.

### **Program Requirements**

Licensure standards are to be developed.

### **Utilization Management**

Service must be included in an individual's Person Centered Plan and coordinated with Community Support Services furnished by another provider. Initial authorization for services will not exceed 180 days.

### **Entrance Criteria**

The recipient is eligible for this service when:

- A      There is an Axis I diagnosis of a substance abuse disorder
- AND
- B      Level of Care Criteria Level 111.05 NC Modified A/ASAM

### **Continued Stay Criteria**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

1. Recipient has achieved initial service plan goals and additional goals are indicated.
2. Recipient is making satisfactory progress toward meeting goals.
3. Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
4. Recipient is not making progress; the service plan must be modified to identify more effective interventions.
5. Recipient is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted every 90 days and is so documented in the Person Centered Plan and the service record.

### **Expected Outcomes**

The expected outcome is abstinence from substances.

### **Documentation Requirements**

Minimum standard is a daily full service note to each day of Transitional Independent Living that includes the purpose of the day's activities and interventions, the amount of time the recipient spent participating in program activities, and documenting the effectiveness of the interventions.

### **Service Exclusions/Limitations**

Recipients would not be receiving SAIOP, SACOT, detoxification, residential or inpatient hospital services.

### **Appropriate Service Codes**

Appropriate Service Codes				
<b>Medicaid</b>	<b>IPRS</b>	<b>Pioneer</b>	<b>UCR-WM (CTSP)</b>	<b>UCR-TS (MR/MI)</b>
<b>Not billable</b>	<b>TBD</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>

## **TRANSITIONAL CONGREGATE HOUSING**

**Level of Care Criteria Level III.05 NC Modified ASAM**

**Not Medicaid Billable**

(Example: Healing Place)

### **Service Definition and Required Components**

Low clinical intensity treatment and housing.

### **Provider Requirements**

Currently statutorily exempt from licensure. Recommend that licensure be required.

**Staffing Requirements**  
TBD

**Service Type/Setting**

Currently statutorily exempt from licensure.

**Program Requirements**

TBD

**Utilization Management**

Service must be included in an individual's Person Centered Plan. Initial authorization for services will not exceed 180 days.

**Entrance Criteria**

The recipient is eligible for this service when:

- A      There is an Axis I diagnosis of a substance abuse disorder
- AND
- B      Level of Care Criteria Level III.05 NC Modified A/ASAM

**Continued Stay Criteria**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

1. Recipient has achieved initial service plan goals and additional goals are indicated.
2. Recipient is making satisfactory progress toward meeting goals.
3. Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
4. Recipient is not making progress; the service plan must be modified to identify more effective interventions.
5. Recipient is regressing; the service plan must be modified to identify more effective interventions.

AND



Utilization review must be conducted every 90 days and is so documented in the Person Centered Plan and the service record.

### **Expected Outcomes**

The expected outcome is abstinence from substances.

### **Documentation Requirements**

Minimum standard is a daily full service note to each day of Transitional Congregate Housing that includes the purpose of the day's activities and interventions, the amount of time the recipient spent participating in program activities, and documenting the effectiveness of the interventions.

TBD

### **Service Exclusions/Limitations**

Cannot be billed with SACOT, SAIOP, Detoxification, SA Residential Treatment, Inpatient Hospital Service

### **Appropriate Service Codes**

Appropriate Service Codes				
<b>Medicaid</b>	<b>IPRS</b>	<b>Pioneer</b>	<b>UCR-WM (CTSP)</b>	<b>UCR-TS (MR/MI)</b>
<b>Not billable</b>	<b>TBD</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>

### **SUBSTANCE ABUSE HALFWAY HOUSE**

**Level III.1 Clinically Managed Low-Intensity Residential Treatment ASAM Patient Placement Criteria**

**Medicaid Billable when not furnished in an Institution for Mental Diseases.**

**Room and Board is not included.**

### **Service Definition and Required Components**

Clinically managed low intensity residential services are provided in a 24 hour facility where the primary purpose of these services is the rehabilitation of individuals who have a substance abuse disorder and who require supervision when in the residence. The consumers attend work, school, and SA treatment services.

See 10 NCAC 14V Section .5600

### **Provider Requirements**

Halfway House must be delivered by practitioners employed by a substance abuse provider organization which meets standards established by the Division of MH/DD/SAS. These standards set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by either being certified by Local Management Entity or being accredited by a national accrediting body. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business in the State of North Carolina.

### **Staffing Requirements**

Persons who meet the requirements specified for CCS, CCAS, CSAC, and Counselor Interns under Article 5C may deliver Halfway House services. The program must be under the clinical supervision of a CCS or CCAS who is on site a minimum of 50% of the hours the service is in operation. Services may also provided by staff who meet the requirements specified for Qualified Substance Abuse Professional or Associate Substance Abuse Professional status according to 10 NCAC, under the supervision of a CCAS or CCS. Paraprofessional level providers who meet the requirements for Paraprofessional status according to 10 NCAC 14V may deliver Halfway House services, under the supervision of a CCAS or CCS. SA Peer Specialists may deliver Halfway House services when a Registrant with the NCSAPCB and under the supervision of a CCS.

### **Service Type/Setting**

Facility licensed under 10 NCAC 14V Section .5600

### **Program Requirements**

See service definition and licensure requirements

### **Utilization Management**

Service must be included in an individual's Person Centered Plan. Initial authorization for services will not exceed 180 days.

### **Entrance Criteria**

The recipient is eligible for this service when:

- A      There is an Axis I substance abuse disorder present;
- AND
- B      Level of Care Criteria, level III.1 OR level III.3 NC Modified A/ASAM

### **Continued Stay Criteria**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- Recipient has achieved initial service plan goals and additional goals are indicated.
- Recipient is making satisfactory progress toward meeting goals.
- Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
- Recipient is not making progress; the service plan must be modified to identify more effective interventions.
- Recipient is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted every 90 days and is so documented in the Person Centered Plan and the service record.

### **Expected Outcomes**

The expected outcome is abstinence from substances.

### **Documentation Requirements**

Minimum standard is a daily full service note to each day of Halfway House that includes the purpose of the day's activities and interventions, the amount of time the recipient spent participating in program activities, and documenting the effectiveness of the interventions.

### **Service Exclusions/Limitations**

Halfway House may not be billed the same day as any other Residential Treatment Support or Inpatient Hospital service.

### Appropriate Service Codes

Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
TBD	TBD	NA	NA	NA

### NON-MEDICAL COMMUNITY RESIDENTIAL TREATMENT

#### Level III.5 Clinically Managed High-Intensity Residential Treatment

##### ASAM Patient Placement Criteria

**Medicaid Billable when furnished in a facility which is not an Institution for Mental Diseases.**

**Room and Board is not included**

(Examples: Therapeutic Communities TROSA; Recovery Homes CASAWORKS for Families Residential Programs)

### Service Definition and Required Components

Non-medical Community Residential Treatment means a twenty-four hour rehabilitation facility, without twenty-four hour per day medical nursing/monitoring, where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and other drug problems and/or addiction occurs. Programs licensed under 10 NCAC 14V Section .4100 are 24-hour residential recovery programs who work intensively with individuals with substance abuse disorders who provide for the primary care for their children.

### Provider Requirements

NMCRT must be delivered by practitioners employed by a substance abuse provider organization which meets standards established by the Division of MH/DD/SAS. These standards set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by either being certified by Local Management Entity or being accredited by a national accrediting body. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business in the State of North Carolina.

### Staffing Requirements

Persons who meet the requirements specified for CCS, CCAS, CSAC, and Counselor Interns under Article 5C may deliver NMCRT. The program must be under the clinical supervision of a CCAS or CCS who is on site a minimum of 50% of the hours the service is in operation. Services may also be provided by staff who meet the requirements specified for Qualified Substance Abuse Professional or Associate Substance Abuse Professional status according to 10 NCAC, under the supervision of a CCAS or CCS. Paraprofessional level providers who meet the requirements for Paraprofessional status according to 10 NCAC 14V may deliver NMCRT, under the supervision of a CCAS or CCS. SA Peer Specialists may deliver NMCRT when a Registrant with the NCSAPCB and under the supervision of a CCS. See other staffing requirements specified under .4102 and .4303

### **Service Type/Setting**

Facility licensed under 10 NCAC 14V Section .4100 or .4300.

### **Program Requirements**

See 10 NCAC 14V Section .4100 - .4104 and .4300-.4306 .

### **Utilization Management**

Service must be included in the individual's Person Centered Plan. Initial Authorization cannot exceed 90 days.

### **Entrance Criteria**

The recipient is eligible for this service when:

- A      There is an Axis I diagnosis of a substance abuse disorder
- AND
- B      Level of Care Criteria Level III.5 NC Modified A/ASAM

### **Continued Stay Criteria**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- Recipient has achieved initial service plan goals and additional goals are indicated.

- Recipient is making satisfactory progress toward meeting goals.
- Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
- Recipient is not making progress; the service plan must be modified to identify more effective interventions.
- Recipient is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted every 45 days and is so documented in the Person Centered Plan and the service record.

### **Expected Outcomes**

The expected outcome is abstinence from substances and, in Residential Recovery Programs, improved parenting.

### **Documentation Requirements**

Minimum standard is a daily full service note to each day of NMCRT that includes the purpose of the day's activities and interventions, the amount of time the recipient spent participating in program activities, and documenting the effectiveness of the interventions. Residential Recovery Programs for women and children shall also provide documentation of all services provided to the children in the program.

### **Service Exclusions/Limitations**

Therapeutic Communities licensed under 10 NCAC 14V Section .4300 cannot bill the same day as any other MH/SA service.

Residential Recovery Programs for women and children licensed under 10 NCAC 14V Section .4100 cannot bill the same day as any other MH/SA services, except SAIOP or SACOT.

### **Appropriate Service Codes**

Appropriate Service Codes				
<b>Medicaid</b>	<b>IPRS</b>	<b>Pioneer</b>	<b>UCR-WM (CTSP)</b>	<b>UCR-TS (MR/MI)</b>
<b>TBD</b>	<b>TBD</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>

## **MEDICALLY MONITORED COMMUNITY RESIDENTIAL TREATMENT**

### **Level III.7 Medically Monitored Intensive Inpatient Treatment ASAM Patient Placement Criteria**

**Medicaid billable when furnished in a facility which is not an Institution for Mental Diseases.**

**Room and Board is not included.**

(Examples ADATC, Day By Day Treatment Center)

### **Service Definition and Required Components**

Medically Monitored Community Residential Treatment means a twenty-four hour rehabilitation facility, with twenty-four hour a day medical/nursing monitoring, where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and other drug problems and/or addiction occurs. It may be affiliated with or located within a hospital, as part of the inpatient/residential continuum or may be in a freestanding facility.

### **Provider Requirements**

MMCRT must be delivered by practitioners employed by a substance abuse provider organization which meets standards established by the Division of MH/DD/SAS. These standards set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by either being certified by Local Management Entity or being accredited by a national accrediting body. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business in the State of North Carolina.

### **Staffing Requirements**

Persons who meet the requirements specified for CCS, CCAS, CSAC, and Counselor Interns under Article 5C may deliver MMCRT. The program must be under the clinical supervision of a CCS or CCAS who is on site a minimum of 50% of the hours the service is in operation. Services may also be provided by staff who meet the requirements specified for Qualified Substance Abuse Professional or Associate Substance Abuse Professional status according to 10 NCAC, under the supervision of a CCAS or CCS. Paraprofessional level providers who meet the requirements for Paraprofessional status according to 10 NCAC 14V may deliver MMCRT, under the supervision of a CCAS or CCS. SA Peer Specialists may deliver MMCRT services when a Registrant with the NCSAPCB and under the supervision of a CCS.

### **Service Type/Setting**

Facility licensed under 10 NCAC 14V Section .3400.

### **Program Requirements**

See service definition

### **Utilization Management**

The service must be included in the individual's Person Centered Plan. Initial authorization of no more than 14 days. An additional 14 days may be authorized following utilization review.

### **Entrance Criteria**

The recipient is eligible for this service when:

- A      There is an Axis I diagnosis of a substance abuse disorder
- AND
- B      Level of Care Criteria Level III.7 NC Modified A/ASAM

### **Continued Stay Criteria**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- Recipient has achieved initial service plan goals and additional goals are indicated.
- Recipient is making satisfactory progress toward meeting goals.
- Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
- Recipient is not making progress; the service plan must be modified to identify more effective interventions.
- Recipient is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted every 14 days and is so documented in the Person Centered Plan and the service record.

### **Expected Outcomes**



The expected outcome is abstinence from substances. Upon successful completion of the treatment plan there will be successful linkage to the community of the recipient's choice for ongoing step down or support services.

### **Documentation Requirements**

Minimum standard is a daily full service note to each day of MMCRT that includes the purpose of the day's activities and interventions, the amount of time the recipient spent participating in program activities, and documenting the effectiveness of the interventions.

### **Service Exclusions/Limitations**

Cannot be billed the same day as any other service, except for Community Support service from the individual's community during the last two weeks of the residential stay.

### **Appropriate Service Codes**

Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
TBD	TBD	NA	NA	NA

## **INPATIENT HOSPITAL SA TREATMENT**

### **Level IV Medically-Managed Intensive Inpatient Services ASAM Patient Placement Criteria**

**Medicaid billable using DRG**  
(Example ATC, general hospital)

### **Utilization Management**

This service must be included in an individual's Person Centered Plan. Initial authorization is limited to seven days.

### **Entrance Criteria**

- A      There is an Axis I diagnosis of substance abuse disorder present
- AND
- B      Level of Care Criteria Level IV (NC criteria)

### **Continued Stay Criteria**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- Recipient has achieved initial service plan goals and additional goals are indicated.
- Recipient is making satisfactory progress toward meeting goals.
- Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
- Recipient is not making progress; the service plan must be modified to identify more effective interventions.
- Recipient is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted every 7 days and is so documented in the Person Centered Plan and the service record.

### **Expected Outcomes**

The expected outcome of this service is the establishment of abstinence sufficient to enable a transfer to a less restrictive level of care.

### **Service Exclusions/Limitations**

This service cannot be billed on the same day as any other MH/SA service

### **Appropriate Service Codes**

Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
DRG	TBD			

## **DETOXIFICATION SERVICES**

### **AMBULATORY DETOXIFICATION**

See 10 NCAC 14V Section .3300

A      There is an Axis I diagnosis of substance abuse disorder present  
AND  
B      ASAM Level of Care Criteria Level I-D (NC criteria)

## 27

## **SOCIAL SETTING DETOXIFICATION**

### **Level III.2-D Clinically Managed Residential Detoxification**

#### **Not Medicaid Billable**

See 10 NCAC 14V .3200

#### **Entrance Criteria**

- A      There is an Axis I diagnosis of substance abuse disorder present  
AND  
B      ASAM Level of Care Criteria Level III.2-D (NC criteria)

#### **Utilization Management**

This service must be included in an individual's Person Centered Plan. Initial authorization is limited to seven days.

#### **Continued Stay Criteria**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- Recipient has achieved initial service plan goals and additional goals are indicated.
- Recipient is making satisfactory progress toward meeting goals.
- Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
- Recipient is not making progress; the service plan must be modified to identify more effective interventions.
- Recipient is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted every 7 days and is so documented in the Person Centered Plan and the service record.

#### **Appropriate Service Codes**

Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
DRG	TBD			

## **NON-HOSPITAL MEDICAL DETOXIFICATION**

See 10 NCAC 14V .3100

See 10 NCAC 14V .5000

### **Entrance Criteria**

- A      There is an Axis I diagnosis of substance abuse disorder present
- AND
- B      ASAM Level of Care Criteria Level III.2-D (NC criteria)

### **Utilization Management**

This service must be included in an individual's Person Centered Plan. Initial authorization is limited to seven days.

### **Continued Stay Criteria**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- Recipient has achieved initial service plan goals and additional goals are indicated.
- Recipient is making satisfactory progress toward meeting goals.
- Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
- Recipient is not making progress; the service plan must be modified to identify more effective interventions.
- Recipient is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted every 7 days and is so documented in the Person Centered Plan and the service record.

### **Appropriate Service Codes**

Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
DRG	TBD			

**ADATC DETOXIFICATION NC ASAM MODIFIED LEVEL III.9-D**  
(Licensure definition TBD)

**Entrance Criteria**

- A      There is an Axis I diagnosis of substance abuse disorder present
- AND
- B      ASAM Level of Care Criteria Level III.9-D (NC criteria)

**Utilization Management**

This service must be included in an individual's Person Centered Plan. Initial authorization is limited to 5 days.

**Continued Stay Criteria**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- Recipient has achieved initial service plan goals and additional goals are indicated.
- Recipient is making satisfactory progress toward meeting goals.
- Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
- Recipient is not making progress; the service plan must be modified to identify more effective interventions.
- Recipient is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted every 5 days and is so documented in the Person Centered Plan and the service record.

**Appropriate Service Codes**

Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Medicaid billable	TBD			

## **MEDICALLY-MANAGED INTENSIVE INPATIENT DETOXIFICATION LEVEL IV-D**

(Accredited hospital w CON for SA)

### **Entrance Criteria**

- A      There is an Axis I diagnosis of substance abuse disorder present
- AND
- B      ASAM Level of Care Criteria Level IV-D (NC criteria)

### **Utilization Management**

This service must be included in an individual's Person Centered Plan. Initial authorization is limited to 4 days.

### **Continued Stay Criteria**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- Recipient has achieved initial service plan goals and additional goals are indicated.
- Recipient is making satisfactory progress toward meeting goals.
- Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
- Recipient is not making progress; the service plan must be modified to identify more effective interventions.
- Recipient is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted every 4 days and is so documented in the Person Centered Plan and the service record.

### Appropriate Service Codes

Appropriate Service Codes				
<b>Medicaid</b>	<b>IPRS</b>	<b>Pioneer</b>	<b>UCR-WM (CTSP)</b>	<b>UCR-TS (MR/MI)</b>
<b>DRG</b>	<b>TBD</b>			